Electronic Health Records (EHR) Demonstration



Demonstration Overview



Overview

- Modeled after Medicare Care Management Performance Demonstration
- 5-year operational period
- 2 implementation phases (each 5 years)
- Up to 12 sites (states / regions)
- Up to 2,400 practices recruited
 - 200 per site
- Randomized design
 - 1200 treatment group
 - 1200 control group



Phased Implementation

Phase I

- 1. Louisiana
- 2. Maryland / D.C
- 3. Pittsburgh (11 SW PA counties)
- 4. South Dakota (+ some counties in IA, MN, and ND)

<u>Phase II</u>

- 1. Alabama
- Delaware
- 3. Florida (Jacksonville & 6 counties)
- 4. Georgia
- 5. Maine
- 6. Oklahoma
- 7. Wisconsin (some counties)
- 8. Virginia



Practice Requirements

Size

- Small to medium-sized practices (<= 20)
- NPs / PAs as well as MDs / DOs
- At least 50 Medicare FFS beneficiaries for which they provide the plurality of primary care visits

Specialty

- Primary care, IM, FP, GP, gerontology
- Medical sub-specialists only if practice is predominantly primary care



Practice Requirements

- May or may not have EHR at time of application
- Must bill office visits on a CMS-1500 form or electronic equivalent
 - Most community health centers bill for office visits on an institutional claim form and will likely not be eligible
- Recruitment <u>cannot</u> be restricted to a specific network, health plan, or other affiliation



Incentive Payments

2 separate per-beneficiary incentive payments:

- HIT incentive payment for performance on Office Systems Survey (OSS)
- Quality incentive payment for reporting or performance on 26 clinical measures
 - Diabetes
 - Congestive Heart Failure
 - Coronary Artery Disease
 - Preventive Services



Measurement of HIT Adoption

- Annual OSS for demonstration "treatment group" practices
 - Control group practices -- years 2 & 5 only
- OSS is modified version of tool used by QIOs for DOQ-IT program
 & MCMP Demo
- Practices must have implemented CCHIT* certified EHR by end of 2nd year to stay in demonstration
- Higher scores yield higher payments

^{*} CCHIT = Certification Commission for Healthcare Information Technology.
For more information about CCHIT standards and certified EHRs go to
http://www.cchit.org/



Minimum Required EHR Functionalities

- Demo practices must, by end of 2nd year, be utilizing EHR to perform minimum functionalities
 - Patient visit notes
 - Recording of lab/diagnostic tests orders & results
 - Recording of prescriptions
- More sophisticated uses score higher on OSS and get higher payment



Clinical Quality Measures

- Same measures and data collection process used for MCMP
 - Working to web enable tool for EHR Demo
 - Measure specifications will be updated based on measure owner requirements
- Clinical measures not reported until the end of the 2nd year ("Pay for Reporting")
- Pay for Performance in Years 3-5



Incentives Vary By Year

Year 1

- Payment for use of HIT based on OSS score
- No payment if core functionalities not used

Year 2

- Payment for reporting quality measures
- Payment for use of HIT based on OSS score
- No payment for HIT unless quality measures reported
- Practice terminated from demonstration if it has not adopted CCHIT EHR and using minimum core functionalities

Years 3 - 5

- Payment performance on quality measures
- Payment for use of HIT based on OSS score
- Minimum quality performance required to receive HIT payment



Maximum Potential Payment

Basis of Payment	Years Applicable	Max per Provider / Year	Max per Practice/Year
EHR Adoption (OSS)	All 5 years	\$5,000	\$25,000
Reporting of Clinical Quality Measures	Year 2	\$3,000	\$15,000
Performance on Clinical Quality Measures	Years 3-5	\$10,000	\$50,000
Total Potential Payment over 5 years		<u>\$58,000</u>	<u>\$290,000</u>

Phase I



Evaluation

- Independent Evaluation by Mathematica Policy Research (MPR)
 - Impact on rate of adoption of EHRs
 - Impact on quality of care
 - Impact on Medicare costs
- Data Sources
 - OSS
 - Quality measures
 - Claims
 - Practice surveys
 - Beneficiary surveys
 - Site visits



Evaluation

- Randomized Treatment Control Group Design
- Control Group
 - Not eligible to receive demonstration incentive payments
 - Office System Survey at the end of 2nd & 5th year
 - Practice will be paid for time to complete survey
 - No required reporting of clinical quality measures
 - Quality comparisons will be based on claims based quality measures and beneficiary survey data
 - No requirements for / restrictions on EHR implementation
 - No limitation on demo or control group participation in other P4P or EHR incentive programs



Phase I Implementation Time Frame

July 8, 2008	Community Partner / CMS Kick-Off Develop Recruitment Strategy	
— Sept. 2, 2008	Recruitment Period Begins ←	
→ Nov 26, 2008	Last Day Applications from Practices will be Accepted	
March 2009	Notify practices of Treatment / Control Group Status	
May 2009	Local Kick off Meetings Demonstration Year 1 starts	
May 31, 2014	Demonstration Ends	



Local Information Links

- Maryland Health Care Commission Contacts:
 - Kathleen Francis <u>kfrancis@mhcc.state.md.us</u>
 - CMSEHRDEMO@mhcc.state.md.us
 - http://mhcc.maryland.gov/electronichealth/cmsdemo/i ndex.html
- CMS website

http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008_ Electronic_Health_Records_Demonstration.pdf



CMS Information Links

 Fact Sheets, FAQs, Community Partner Application and instructions:

> http://www.cms.hhs.gov/DemoProjectsEvalRpts/dow nloads/2008_Electronic_Health_Records_Demons tration.pdf

Questions about demonstration design:

EHR_Demo@cms.hhs.gov